

**HASTINGS-ON-HUDSON UFSD**  
**27 Farragut Avenue, Hastings-on-Hudson, NY 10706**

**APPLICATION FOR ABSENTEE BALLOT**

Name: \_\_\_\_\_  
(PLEASE PRINT)

Residence Address (mandatory): \_\_\_\_\_

Mailing Address (if different from Residence Address): \_\_\_\_\_  
\_\_\_\_\_

In order to receive an absentee ballot, you must complete the following:

1. I am or will be, on the day of the school district vote, a qualified voter of the Hastings-on-Hudson Union Free School District.

(Check One)                      YES \_\_\_\_\_      NO \_\_\_\_\_

2. I am or will be, on the day of the school district vote, over eighteen years of age, a citizen of the United States and will have resided in the school district for thirty days next preceding the date of the vote.

(Check One)                      YES \_\_\_\_\_      NO \_\_\_\_\_

3. I am a registered voter of the district.

(Check One)                      YES \_\_\_\_\_      NO \_\_\_\_\_

4. I will be unable to appear to vote in person on the day of the school district vote for which the absentee ballot is requested because:

a. \_\_\_\_\_ I will be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability; or

b. \_\_\_\_\_ My duties, occupation, or business will require me to be outside of the county of my residence on such day; or

c. \_\_\_\_\_ I will be on vacation outside of the county of my residence on such day; or

d. \_\_\_\_\_ I will be absent from my voting residence because I will be detained in jail awaiting action by a grand jury or awaiting trial; or

e. \_\_\_\_\_ I will be confined in prison after conviction for an offense other than a felony; or

f. \_\_\_\_\_ My studies will require me to be outside of the county of my residence on such day. (I am not a registered voter in the state and/or county of my college or university.)

